

Pregnancy Maintenance Initiative (PMI) 2016-2017 (FY17 Auto Copy)

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Catholic Charities of Northeast Kansas

Period: 07/01/2016 - 06/30/2017

Filter(s): Catholic Charities of Northeast Kansas;

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Start Date:

End Date:

Attachments: Non Profit Status (501 (c)(3)); Organizational Chart

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Kim Brabits, MSW, Vice President of Program Operations kbrabits@catholiccharitiesks.org Currently Vacant, RN, Director of Integrative Health and Community Programs Heather Roberts MSW, Pregnancy Counseling and Adoption Services Coordinator hroberts@catholiccharitiesks.org Adeng Mabor, Health Care Coordinator amabor@catholiccharitiesks.org

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: CCNEK has job descriptions complete that clearly outline staff responsibilities and desired qualifications and credentials. The PMI program will be staffed by a .25 FTE registered nurse and a .25 FTE masters level social worker and will be under the leadership of the Vice President of Program Operations. The RN and the social worker will have experience working with pregnant women. Should these positions need to be replaced they will be filled by individuals of equal experience and licensure. CCNEK has been a prior grantee of the PMI program with the Vice President of Program Operations having been the previous a case manager for the program. The assist in administering the PMI program will also utilize interpreters primary Burmese which have several dialects; Bhutanese, Chin and Karen. Other interpreters utilize will be Karenni, Nepali and Spanish.

Kim Brabits will be able to provide orientation to the program for the new Director of Integrative Health and Community Programs and the social worker. There will be annual performance appraisals conducted for both program staff.

An important part of the agency professional development plan is required training in Trauma-Informed Care, which will ensure that the PMI services are provided in a trauma-sensitive manner and the emotional health of the staff providing PMI services will be taken care of as well.

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

Strategy: A.1.1 - Build internal capacity

Start Date:

End Date:

Attachments:

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Start Date:

End Date:

Attachments:

Requirement: A.1.1.2 - Provide orientation and training of new staff**Start Date:****End Date:****Attachments:**

Describe your process for orienting and training staff new to the PMI program.: Pregnancy Maintenance Initiative Orientation Strategic Planning for all New Staff to program:

1. The orientation schedule will be developed by PMI director or designee and provided to the new member of the team the first day of orientation this will ensure coordination and communication to the new hire and other team members involved in the orientation.
2. Time will be schedule for new hire to be allowed to spend a morning on the resource bus which provides tours to the local Catholic Charities sites, orientating to Catholic Charities programs. This needs to be scheduled in advance as the bus only gives tours once a month on Wednesdays.
3. Reading and Review of the PMI Manual, on their own and at their pace. Once completed time will be scheduled to sit down with the Director of the program to go over manual and answer any questions they may have about the program. Ensure criteria and qualifications of PMI clients are discussed as well as overall program.
4. Cultural Orientation to be provided by the refugee case managers of Catholic Charities. This will occur in the following way; New PMI staff, volunteers, interns or new paid employees will be scheduled to sit one on one with each refugee case manager to discuss and train on cultural differences with refugee population. (Healthcare Coordinator, Adeng Mabor, will schedule and coordinate this).
5. HIPPA orientation will be given by the Director of the program if this did not already occur through Catholic Charities HR Department.
6. Curriculum review provided by the Director of the program or designee. (Power Points; handouts and brochures related to the program given out to the clients; PMI book including nutrition and stages of pregnancy)
7. Policies and process review with the director of program or designee.
8. Budgeting of client assistance and the process involved will be reviewed by the director of the program.
9. Program reporting information; time-frames, expectations and process.
10. Review of the PMI grant with PMI grant manager, Andrew Campos.
11. Orientation to the PMI Intake process and other paper work. SW visits vs RN Health Assessment visits.
12. Schedule for MAAC Training through Linda Dorman of Catholic Charities. This should be done on the first day to allow time for schedule the training and ability to use MAAC by the time staff member sees their first PMI client. MAAC is the internal documentation computer program for the agency record keeping not just PMI. (REQUIRED)
13. Daisey Training on their own through tutorials. Set guidelines and expectations for completion. Review KDHE calendar to see if upcoming webinars involving training.
14. Grants Manager will get appropriate forms needed for any new person using Daisey to KDHE.
15. Community resource information handout to be given to new member. Handout provided by Adeng Mabor, Healthcare Coordinator.
16. Orientation could take anywhere 1-2 weeks depending on the person being trained. They should not begin seeing clients until they feel confident and prepared.

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff**Start Date:****End Date:****Attachments:****Strategy: A.1.2 - Communicate and coordinate local work with State staff****Start Date:****End Date:****Attachments:****Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly****Start Date:****End Date:****Attachments:**

Requirement: A.1.2.2 - Submit Quarterly Progress Report

Start Date:

End Date:

Attachments:

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Start Date:

End Date:

Attachments:

Goal: A.2 - Program evaluation

Start Date:

End Date:

Attachments: Client Satisfaction Survey

Summarize your program evaluation methods to include how you will expand services to meet community needs.: CCNEK will utilize a client satisfaction survey as well as ongoing monitoring of client goals to ensure that services provided for each mother and baby is being provided as proposed. Additionally, recognizing the importance of understanding the needs of our communities, the Director of Integrative Health Services will participate in advisory groups related to healthy in Wyandotte County as well as the refugee and immigrant community, and rural health. Through her participation in these advisory groups she will gain an in-depth look into the various community needs around health and an open exchange of resources for clients served.

Attach a Client Satisfaction Survey in the attachment section above

Did you attach a Client Satisfaction Survey?: Yes

Strategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed

Start Date:

End Date:

Attachments:

Requirement: A.2.1.1 - Develop and use a client satisfaction survey

Start Date:

End Date:

Attachments:

Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.

Start Date:

End Date:

Attachments:

Strategy: A.2.2 - Create and maintain a functioning advisory group.

Start Date:

End Date:

Attachments: Advisory Team 1st Quarter Meeting Minutes.pdf

Describe your PMI Advisory Group membership and frequency of meetings.: *The PMI Advisory Team will meet quarterly. Dates, times and location are to be determined by the chairperson of the team. *Members of the Advisory Team: chairperson is the PMI Director or designee; Secretary (Adeng Mabor-Healthcare Coordinator Catholic Charities) to take minutes and maintain a PMI Advisory Team Minutes Notebook; Heather Roberts (Catholic Charities Adoption Coordinator); Kristina Marsh MSW, (Refugee Manager Catholic Charities), Tom Reynolds,(homeless case manager) Catholic Charities due to his knowledge of community resources overall; Lucia Jones (Wyandotte County Health), Amber Giron (Director Health Partnerships Clinic Community Outreach); Rachel Pollock (Parents as Teachers); and Sonia Duran LMSW (Children's Mercy Hospital/Family Support Specialist). *A sign in sheet will be provided for all team members to sign. This will be kept in the PMI Advisory Team Minutes Manual. The team secretary will ensure this is brought to every meeting. *There will be an agenda given to team members at each meeting. *The minutes of the last meeting will be read by the secretary. *The agenda will include various topics as follows but not limited to: 1. Issues identified by the program director and/or the team during the past quarter. Examples include identified community needs. The team will discuss and brainstorm together to make recommendations for meeting those needs. 2. Identifying and planning targeted outreach activities to increase program visibility and enrollment. 3. Review program services and policies and recommend changes as a team. Changes will be made to fit the needs of the clients and community. 4. Ensure services are coordinated with other community partners and identifying additional coordination of activities. 5. Ethic concerns identified will be discussed. 6. The team will identify and discuss issues that are affecting the overall success of the program. 7. New potential community partners will be identified. Discussion of ways to partner with those identified and how we can better work together as a team to benefit the needs of PMI clients. The meetings normally last 1.5-2 hours, location of meetings varies to be respectable to team members and their busy schedules.

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Start Date:

End Date:

Attachments:

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Start Date:

End Date:

Attachments:

Grouping B - Data and Information

Goal: B.1 - Measure program impact**Start Date:****End Date:****Attachments:**

Describe your program goals, objectives and outcome measures.: The goal of the PMI services is to ensure access to an adequate level of quality pregnancy service by disadvantaged pregnant women that are primarily initially encountered through Catholic Charities' emergency assistance programming throughout the 21 counties of northeast Kansas and through the refugee and immigration program in Wyandotte County.

Objectives;

1. No individual will be denied services due to inability to pay;
2. Each woman will be referred for PMI services and will be seen by the Director of Health Integration, who is the RN and will serve as the case manager. The individual will receive an individual initial assessment, including goal setting and then ongoing help in attaining those goals;
3. The case manager will work to ensure that each pregnant woman will receive the necessary support to help carry pregnancies to term, resulting in positive outcomes for both child and mother. Additional assistance can be provided by other Catholic Charities' programming or through referrals to community partners. These supports may include nutrition education, rent and utility assistance, financial literacy education, access to food pantry, diabetes screens, blood pressure checks, doctors' appointments and assistance with medical bills;
4. Women who experience still birth will receive necessary support to cope with loss;
5. At all levels of service, the case manager will provide referrals to an array of community resources, including other Catholic Charities' services, as appropriate to facilitate healthy lifestyles for mothers and babies;
6. Catholic Charities will provide follow-up case management services for women and newborns for 6 months post-delivery based on individual needs and attainment of set goals; and
7. Catholic Charities will obtain written client feedback regarding service delivery to be used in assessing quality service delivery.

Outcomes;

- 50 pregnant women will be served
- 25 post-delivery women to be served
- 25 infants up to six months will be served
- 30 family members (including fathers and infants to be served)
- 2 adoptions
- 200 persons will receive outreach
- less than 10% of infants will be premature/low birth weight

How will you measure effectiveness of services, interventions and referral networks?: Prior to the delivery of PMI services, the Director of Health Integration will develop a process for measuring effectiveness of the services provided that will include a client intake and needs assessment, goal planning and tracking and finally the client satisfaction survey. In addition to the PMI Needs Assessment and Life Domains Goal Planning sheets, Catholic Charities will complete a more in-depth needs assessment called the Arizona Self-Sufficiency Matrix to evaluate the woman's well-being on domains including housing, income, employment and health care. Assessment dialogue reveals outside supports that individuals could leverage to improve their circumstances independent of agency support. Based on these results, numerical ranges can be applied to individual clients, helping the case manager target services to meet client needs and move them along the continuum of self-sufficiency.

The delivery of all PMI services will be tracked in a community-wide service database, MAACLink, for each mother and baby, which also help to track services provided by other programs in the community to better target client need.

How will you ensure services provided are those needed by clients?: From the intake and needs assessment and the goal planning as well as the use of the Arizona Self-Sufficiency Matrix, the Director of Health Integration as well as any other case manager that the woman works with will rely on the woman to lead the direction for the goal plans. Catholic Charities case management model is based on client self-determination of needs and goals.

Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information and how it will be collected. If you plan to import data from another system, include the name of the system (Insight, Nightingale Notes, etc.): Collecting and entering the data by program staff will be coordinated by the Director of Integrated Health, all PMI program staff have been trained and has access to the DAISEY system. Information is entered into the system on a weekly basis.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date: 07/01/2016

End Date: 06/30/2017

Attachments:

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Start Date:

End Date:

Attachments:

Requirement: B.1.1.2 - Gather and use data to assess program impact

Start Date:

End Date:

Attachments:

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Start Date:

End Date:

Attachments: Bringing Baby Home.pdf; LABOR AND DELIVERY.pdf; Pregnancy (2).pptx

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.: 1. All PMI service procedures and protocols are developed and written to ensure adequate delivery prior to services beginning. 2. No individual will be denied services due to inability to pay; 3. Each woman will be referred for PMI services and will be seen by the Director of Health Integration, who is the RN and will serve as the case manager. The individual will receive an individual initial assessment, including goal setting and then ongoing help in attaining those goals; 4. The case manager will work to ensure that each pregnant woman will receive the necessary support to help carry pregnancies to term, resulting in positive outcomes for both child and mother. Additional assistance can be provided by other Catholic Charities' programming or through referrals to community partners. These supports may include nutrition education, rent and utility assistance, financial literacy education, access to food pantry, diabetes screens, blood pressure checks, doctors' appointments and assistance with medical bills; 5. Women who experience still birth will receive necessary support to cope with loss; 6. At all levels of service, the case manager will provide referrals to an array of community resources, including other Catholic Charities' services, as appropriate to facilitate healthy lifestyles for mothers and babies; 7. Catholic Charities will provide follow-up case management services for women and newborns for 6 months post-delivery based on individual needs and attainment of set goals; and 8. Catholic Charities will obtain written client feedback regarding service delivery to be used in assessing quality service delivery.

Describe the adoption services and pregnancy education to be provided as part of the program.: Catholic Charities' Pregnancy Counseling and Adoption Coordinator, who works as part of the Integrative Health Program of Catholic Charities will work together with the Director of Health Integration by providing the adoption services education for each woman receiving PMI services. Together they will work to determine which women are good candidates for adoption and will provide the necessary education, resources and referrals. This staff member will also work collaboratively with the Crisis Pregnancy Center in Wyandotte County in delivering adoption education assistance for their PMI services.

Each woman seen will receive information outlining adoption as a formidable option to their pregnancy. Additionally, the Health Care Coordinator and any other case managers working with pregnant women through the emergency assistance centers or refugee program will receive adoption education training from the Pregnancy Counseling and Adoption Coordinator on staff.

Estimate the total number of pregnant women to be served during the grant period.: 50

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Start Date:

End Date:

Attachments:

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Start Date:

End Date:

Attachments:

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Start Date:

End Date:

Attachments:

Requirement: D.1.2.1 - Case managers to attend adoption training class

Start Date:

End Date:

Attachments:

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Start Date:

End Date:

Attachments:

Requirement: D.1.2.3 - Provide adequate resources and referrals

Start Date:

End Date:

Attachments:

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Start Date:

End Date:

Attachments:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Select all counties to be served below

County: Allen

; Atchison; Brown; Coffey; Doniphan; Douglas; Franklin; Jackson; Johnson; Leavenworth; Linn; Lyon; Marshall; Miami; Nemaha; Osage; Pottawatomie; Shawnee; Wabaunsee; Wyandotte

Strategy: D.2.1 - Provide assurances

Start Date:

End Date:

Attachments:

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Start Date:

End Date:

Attachments:

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: Community awareness of PMI services will be facilitated through long-standing relationships with, county health departments, area United Ways, faith communities, other community social service agencies and organizations and health care providers across each county served. Contact with these referral sources will be made to notify of the services that will be provided. Information will also be made available through social media and through the MAACLink system.

The targeted clients for the PMI services will primarily be pregnant women that are seeking out emergency assistance through one of the eight offices in Johnson, Wyandotte, Douglas, Shawnee, Lyon, Leavenworth, or Atchison counties or two mobile resource buses that are dispatched to rural counties with our service area and through the refugee and immigration program in Wyandotte County. The case managers that work within these programs will be natural referral sources for PMI services.

What are your planned outreach activities?: The Director of Health Integration Programming, the Health Care Coordinator, and the Pregnancy Counseling and Adoption Coordinator will all promote the availability of PMI services through other health related education programs and trainings that they already conduct in the communities served. For instance, the Director Integrative Health provides regular health and nutrition classes and screenings for the emergency assistance centers and refugee program.

Additionally, through the two mobile resource buses that are dispatched in the rural communities of northeast Kansas, the case managers can provide information about PMI services to all pregnant women that they encounter and make the referrals to the PMI services.

Strategy: E.1.1 - Promote services to community

Start Date:

End Date:

Attachments:

Strategy: E.1.2 - Planned outreach activities

Start Date:

End Date:

Attachments:

Strategy: E.1.3 - Target and recruit clients

Start Date:

End Date:

Attachments:

Grouping F - Partnerships

Goal: F.1 - Collaborative partnerships with community providers**Start Date:****End Date:****Attachments:**

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: Primarily, these partnerships will involve mutual referral and exchange of information to benefit the pregnant woman and baby. The primary referral partners will be Wyandotte Pregnancy Center, the health departments in each county, Health Partnership Clinic in Johnson County, Mercy and Truth in Wyandotte and Johnson counties, Community Health Counselor of Wyandotte County, Parents as Teachers of Wyandotte county schools, University of Kansas Nursing school, local YMCA's, Keller Women's Center, and Wyandotte Center. Heather Roberts, Pregnancy Counseling and Adoption Services Coordinator, will collaborate services with Wyandotte Pregnancy Center by occupying space at their office as needed to better serve and offer adoption services to pregnant women in need . It will be a focus of the Director of Integrative Health to continually seek out partnering agencies and to maintain collaborative relationships with each through the term of the grant. There will be an ongoing list of partnering referral agencies that will be maintained.

When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?: As referrals are made for services outside of Catholic Charities PMI services, the individual providing the PMI case management (most likely the Director of Integrative Health) will track the referrals through the Daisey client management system and the client file. At the beginning of PMI case management a release of information will be obtained from the client that would allow the case manager to follow-up on any medical or other services that are received outside of Catholic Charities. A large part of the information received to follow-up on a referral will be obtained directly from the client during ongoing case management and from the partnering agency themselves.

Strategy: F.1.1 - Build and maintain local partnerships**Start Date:****End Date:****Attachments:****Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services****Start Date:****End Date:****Attachments:****Requirement: F.1.1.2 - Develop referral sources for related services****Start Date:****End Date:****Attachments:****Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals****Start Date:****End Date:****Attachments:**